

June 2011

**Sexual Assault:
A Protocol for Adult Forensic and Medical Examination**

TABLE OF CONTENTS

Adult Sexual Assault Protocol

General Considerations	1
1. Patient Consent Form	2
2. General Physical Exam	3
3. Clothing Evidence	3
4. Oral Swabs	3
5. Vaginal Swabs	4
6. Anal Swabs	4
7. Dried Secretions Swab	4
8. Buccal Swab	5
9. Toxicology Screening	5
10. Securing Evidence	5
11. Information for Crime Lab	6
12. Post-Examination Recommendations	6

Copies of this document are published on the Iowa Department of Public Health webpage at:
http://www.idph.state.ia.us/bh/violence_against_women.asp.

ADULT SEXUAL ASSAULT PROTOCOL:

INITIAL MEDICAL AND FORENSIC EXAMINATION

This protocol is written as a brief guideline for an initial forensic examination of a sexual assault patient. The examiner may modify, omit or add to this protocol based on the history, age of the patient, and physical findings. The 2004 “National Protocol for Sexual Assault Medical Forensic Examinations Adult/Adolescent” (listed in Appendix E) is highly recommended for a more thorough and detailed protocol with documented rationale.

The State of Iowa Sexual Assault Evidence Collection Kit is the “tool” used to collect sexual assault forensic materials/evidence from patients. It is available from the State of Iowa Crime Lab, Division of Criminal Investigation (Appendix E). Step by step instructions are included in the kit explaining what evidence to collect and how to collect each specimen. The instructions will guide the examiner through the evidence collection process. The guidelines that follow are additional information regarding many of the items outlined in the evidence collection kit instructions. The examiner should “think outside the box” in regard to evidence collection. Evidence collection is not limited to items included in the guidelines but rather is directed by the patient’s history. All items contained in the sexual assault evidence kit do not have to be collected from every victim. The specific items used in the evidence kit will be dependent on the case scenario.

GENERAL CONSIDERATIONS

The documentation of injuries and the collection of evidence are enhanced by performing a forensic medical examination as soon as possible following the assault. Time guidelines vary from jurisdiction to jurisdiction and state to state with recommendations of 72-120 hours post assault. The best biological evidence is collected within the first 12 hours and by 72 hours evidence may tend to disappear. However, depending on multiple factors, examinations up to 120 hours may still yield good results. Recognize that decisions about whether to collect evidence on a case-by-case basis are guided by knowledge that outside time limits vary due to multiple factors. These may include the location of evidence, if the victim has bathed type of sample collected and additional factors.

The collection of the majority of the forensic evidence from the patient’s body utilizes cotton tipped swabs. Guidelines for using the cotton tip swabs include:

- 1) Always collect 2 swabs at the same time.
- 2) If the area is dry from which you are swabbing, lightly moisten the applicators with either sterile water, tap water OR normal saline.
- 3) After swabs are collected, allow swabs to air dry (no dripping) before placing them in paper or individual boxes.
- 4) Use separate swabs for each body location from which a sample is taken (ie, neck, breast, abdomen, etc).
- 5) Label the package with patient’s name and the location of the material collected.

The examiner must always wear gloves during the exam and the collection of evidence from the patient. Avoid examiner DNA contamination of the evidence collection kit by not talking, coughing, or sneezing over the open evidence collection kit.

The medical history is collected after the initial introduction of available services and consent has been obtained from the patient. Persons present in the exam room should be limited to the examiner and trained advocate, with the patient's consent. If the patient requests the presence of a family member or friend in the exam room, the patient is strongly encouraged to complete the history portion of the exam prior to having someone else in the room. There is a legal basis for this as well as the ease for the patient of recounting details of a horrific event in front of friends/family. It is however always the patient's choice to participate in as much or as little of the process as s/he chooses. Informed decision making is crucial.

If the patient has no memory of what type of assault occurred, best practice dictates collecting specimens from all three orifices (mouth, vagina, anus). Additional evidence specimens may be obtained based on the physical exam.

The patient medical record may include current medications and pertinent past medical problems, contraception/menstrual history, GYN history, brief physical exam, written description of injuries/trauma, body diagrams and photographs, history of the event, date of last consensual intercourse, documentation of contraceptive and STI information and treatment, list of evidence collected including clothing and urine for pregnancy/DFSA/HIV testing.

1. Patient Consent Form

The purpose of the Patient Consent Form is to obtain the "informed" written consent of the patient for medical evaluation and treatment, and for forensic exam and evidence collection. Additional consent items may be obtained based on hospital policies or legal statutes. Examples of this include consent for 1) medical personnel to speak to law enforcement about the assault at the time the evidence kit is picked up by law enforcement; 2) writing patient's name vs. "Jane Doe" or other numbering system on the evidence collection kit in order to turn it over to law enforcement; or 3) taking photographs.

The consent process should be completed prior to beginning the patient history and examination. The patient should be informed of the right to decline all or parts of the forensic evidence exam. In the case that an adult patient lacks the capacity to give consent, the patient's legal representative should sign the consent form. (In addition, hospitals may have specific guidelines for this scenario.) In rare cases, the County Attorney's office may be contacted for guidance regarding consent.

2. General physical exam

The primary responsibility of the medical provider is to address the physical and emotional needs of the victim of sexual assault. Reassure the victim that s/he is in a safe place. A brief physical exam is necessary to identify physical injuries. Often the traumatized victim is unaware of any injuries sustained during a sexual assault. Documentation of the general appearance and demeanor of the victim is important. Was the victim disheveled in appearance? What was the speech pattern, demeanor, or eye contact exhibited? The breasts and neck are often sites for bruising. Documentation of all bruises, cuts, scrapes, etc. is important. A description of size and location of the injury should be noted. Victims may have been choked or strangled. Examining the neck, behind the ears, and sclera for petechia are important. Injuries to the head and limbs may occur during a sexual assault. Body diagrams/maps are useful in accurately documenting findings from a physical exam.

3. Clothing Evidence

Clothing is retained for evaluation of the presence of hairs, fibers, and body fluids. In addition, ripped/torn/stained clothing may corroborate the patient's history of the event. Gloves should be worn by the provider when handling the clothing. Each article of clothing should be labeled with the patient's name and separately placed into a paper bag. Plastic bags encourage the growth of mold and bacteria. Do not write on or cut through existing rips/tears/stains in clothing. A paper bag for underwear is present in the Iowa Evidence Collection kit. The bag should be secured with tape and the examiner's initials and date of exam should cover both the tape and the bag. If the clothing is damp/wet, the law enforcement officer picking up the evidence should be alerted to remove the clothing in the police station's secured evidence room to allow the articles of clothing to dry. Moisture degrades biological evidence by encouraging mold to grow.

4. Oral Swabs

Oral swabs are collected when it is believed that a penis penetrated the mouth. This specimen should be collected as soon as possible in the exam process to avoid the disappearance of the evidence. Food and liquids should be avoided prior to the oral swab collection. Using two (2) sterile cotton tipped applicators, swab inside the mouth along the inner cheek, gum line, and under the tongue. Allow swabs to air dry and then place into the labeled envelope. In the case of an oral assault many hours prior to the examination or in the case where the patient has eaten/drank multiple times prior to the exam, dental floss can be used to collect evidence between the teeth. If there is a risk of exposure to HIV/AIDS, the examiner should not push the dental floss all the way into the gums where it could cause bleeding. Floss the teeth prior to the oral swab collection and package the floss in a sealed/labeled envelope. The "miscellaneous" envelope can be used (or any other envelope) as long as the envelope is appropriately labeled with the accurate source of the specimen.

5. Vaginal Swabs

Vaginal swabs are collected when it is believed that a penis penetrated the vagina. Inspect the external genitalia and surrounding skin for trauma and possible evidence before the speculum exam. The patient with no prior intercourse or speculum experience may decline a speculum examination. The rationale for a speculum exam should be discussed with the patient; however it is the victim's choice to proceed unless medically indicated by factors such as obvious injury/bleeding. Vaginal swabs can still be collected from the patient.

The collection of perineal skin swabs often yields evidence and if indicated, should be obtained prior to the vaginal exam. Lightly moisten two (2) cotton applicators and gently roll over the perineum. After air drying, place swabs in properly labeled paper sleeve/box.

To collect the vaginal swabs, insert two (2) cotton tipped applicators in the vaginal fornix. If there is a pool of fluid, specimens can be obtained from the pool. Additional specimens can be obtained from the cervix and vaginal walls behind the cervix. These are especially good areas to swab if the amount of time passed since the assault is long or the patient has douched. Air dry the swabs before placing in paper sleeve/box. When more than one sample is obtained from the vagina, label the specimens in order of obtainment along with the source of the specimen. For example: #1 peri-vaginal perineum, #2 cervix, #3 vaginal walls.

6. Anal Swabs

Anal swabs are collected when it is believed that a penis penetrated the anus. They are collected prior to the anal exam. Look for the presence of fluid and, if present, swab it with two (2) cotton tipped applicators. This specimen would be labeled "peri-anal" swab. If fluid is not present, moisten two (2) applicators and gently roll on and just inside the anus. Allow to air dry and place in paper sleeve/box.

7. Dried Secretions Swab

Collect dried/foreign material from the body surface. Carefully inspect the body for dried or wet secretions on the skin. Use of an alternative light source (ALS) might be helpful in identifying evidence. Any area that fluoresces with the long-wave ultraviolet light/ALS or that the patient identifies as an area where there may be body fluid transference (i.e. kissing, licking, biting, splashed semen) should be swabbed. High yield areas for positive findings (with or without fluorescence) include the neck and breasts.

For dried secretions, use two (2) moistened cotton tip applicators to swab the area. Next, gently roll two (2) dry cotton applicators over the same area. Separate swabs should be collected from each site and properly labeled. Maintain the separation of the moist swabs and the dry swabs from each other. Bite mark specimens are collected in the same manner. If there are dried secretions matted in any of the body hair, they may be cut out and placed in the

debris envelope. Fingernail swabbing/scrapings can also be obtained if the patient's history supports the need to collect this evidence. Moistened cotton applicators can be used for collection of evidence under the nails or nail cuttings or scrapings are an alternative. A separate clean envelope or sheet of paper for each hand should be used to secure the evidence. Label with the appropriate source of the evidence.

8. Buccal Swab

Buccal swab collection is obtained to positively identify the patient. If an oral specimen was obtained, the patient should rinse the mouth and wait 15 minutes to obtain the buccal swab. Use two (2) cotton tipped applicators and rub the inside of the both cheeks with an "up and down" motion. If an oral assault occurred, DNA other than the patient's may also be present in the oral cavity. In this case, the patient's blood sample must be obtained to definitively identify the patient's DNA. A "FTA" blood collection card is used to collect the patient's blood sample. Whole blood is not obtained.

9. Toxicology Screening

Urine is the specimen of choice for toxicology screening in a sexual assault victim. Drug-facilitated sexual assault (DFSA) is the term used if substances, including alcohol, were used at the time of the assault. Urine is obtained for the purpose of toxicology screening when the examiner believes the patient exhibits symptoms of being drugged or when the patient or accompanying person states the patient was drugged. Immediately collect the urine from a suspected DFSA patient. The State of Iowa Crime Lab performs toxicology screenings. For toxicology testing, the lab tests only urine. Urine can be collected in any appropriately labeled urine specimen container. The urine sample should be refrigerated in a bag rather than the evidence collection kit until delivered to the forensic lab by law enforcement.

Specific collection kits are needed for alcohol testing and can usually be obtained from law enforcement. The specific kit (Tritech Corporation catalog number BU3) may also be ordered by any agency. In the event that both alcohol and toxicology testing is needed, urine would be collected in both the Trittech kit and a urine specimen container for toxicology testing.

Specimens may also be sent to private FORENSIC laboratories when prior arrangements have been made. Because drugs disintegrate quickly in the body, do not collect urine for toxicology if more than 72 hours has passed since the suspected ingestion of the drugs.

10. Securing Evidence

All specimens must be identified with the patient's name, date of collection, source of the specimen and the examiner's initials/name. Each item should be securely closed without contamination by the examiner (i.e., licking of an envelope, ungloved hand). Each envelope is

placed inside the evidence collection kit. The kit is sealed closed with the evidence labels. The examiner initials the seals and completes the “Hospital Personnel” section on the outside of the evidence collection kit.

The evidence collection kit should not be refrigerated as this will compromise the biological evidence. If urine is collected for DFSA, the urine may be refrigerated in a separate container inside a sealed paper bag. It is NOT put inside the evidence kit due to possible contamination of the evidence if fluid leaks. (In addition, the urine will go to a separate section of the laboratory for analysis than the evidence kit.) Chain of custody of the evidence is maintained by the examiner until the evidence is SIGNED over to law enforcement or stored according to legal guidelines of the institution.

11. Information for Crime Lab

A “victim information” sheet is inside each evidence kit. Hospital or SART forms are not a substitution for this form and should not be included. This report form guides the criminalist in performing the analysis of the evidence. The form should be completed by responding to the written questions. The “victim’s description of the assault” is written by the examiner based on what the patient reported in the medical history. It should give a brief overview of the type of assault, items of clothing included in the kit, injuries pertinent to the evidence collection, and other helpful information for the criminalist to complete the analysis of the evidence.

12. Post Examination Recommendations

The discussion of follow up services for both medical and counseling needs is an important treatment aspect for sexual assault victims. It is essential that they receive pertinent information regarding any recommended follow up medical procedures or appointments concerning treatment for sexually transmitted infection, healing of injuries, etc.

Patients should be encouraged to obtain follow up tests for possible pregnancy or sexually transmitted infection including HIV within four (4) weeks after the initial examination. Patients should be encouraged to self-monitor symptoms and seek health care with any concerns. Written and verbal information should be provided to patients, including the locations of clinics or referrals. Patients should be informed that the costs for these follow up tests are also covered by the Sexual Abuse Examination Program.

Post-assault counseling information should also be given to patients, and they should be encouraged to seek such services. Most victims will be more likely to participate with follow-up services if they have had the opportunity to meet with a sexual assault advocate/counselor during the examination process.

Additional patient information is included in the Sexual Assault Evidence Collection Kit. This includes payment of sexual assault exams, coverage for additional crime-related expenses, information about HIV/AIDS and test sites, and a list of Sexual Assault Service Programs in Iowa.